

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN7102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/01/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>MASTERS HEALTH CARE CENTER INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>278 DRY VALLEY RD ALGOOD, TN 38501</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the Tennessee Department of Health (TDOH) building standards.</p> <p>The findings include:</p> <p>(1) Observations of the C and D nutrition rooms on 2/1/11 at 9:50 AM, revealed holes in the walls. TDOH 1200-8-6-.08 (2)</p> <p>(2) Observations of resident room 309 and the service hall located on the 1st floor on 2/1/11 at 9:50 AM, revealed water stain ceiling tiles. TDOH 200-8-6-.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.</p>	N 832	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p>N832 On 02/02/2011 the hole in the wall on C and D wing nutrition room was repaired. Staff will be in-serviced by 2/14/2011, 2/15/2011, 2/16/2011, 2/17/2011 by environmental services/SDC to complete maintenance requisitions and maintenance will check on preventive monthly rounds. On 02/02/2011 the mentioned ceiling tile was replaced. Maintenance will check on daily rounds for stains and repair or replace as indicated.</p>	2/28/2011

Division of Health Care Facilities

*Sylvia J. Beards RN NHA*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Executive Director* (X6) DATE  
*2/15/11*

STATE FORM

6899

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If continuation sheet 1 of 1

FEB 16 2011